

Form 8: Electronic "Billing" Media Addendum – Instructions

This is a Required Form

Signing Form 8 allows you to file bills electronically, either by computer or fax, to CBIS (Central Billing Information System). You may file bills electronically regularly or intermittently. For more information, refer to the Program Policy and Procedures Manual or Operations Manual: Central Billing and Information System (CBIS).

1. Leave the day, month, and year blank in the opening paragraph on the first page. It will be filled in by Central Office Staff.
2. Enter the legal name and address of the entity. This should be the same name that is listed on Forms 5 and 6: Provider Agreement and CBIS Enrollment forms.
3. Provider Signature should be the same person who signs the Provider Agreement and who is authorized to commit the entity to providing services, adhering to First Steps regulations, policies, and procedures. Title and date signed lines must be completed.
4. Telephone number, Fax number and e-mail address must be that of the entity.
5. The Contact Name is the person who would be contacted for First Steps billing matters. This must be the same person listed as the billing contact on Form 6: First Steps CBIS Provider Enrollment Form.

For electronic billing instructions consult the Operations manual: Central Billing and Information System (CBIS).

This addendum to the Provider Agreement is made and entered into as of the	
_____ (1) _____	day of _____ (1) _____, 2006 by and between the
Commonwealth of Kentucky, Cabinet for Health and Family Services, hereinafter	
referred to as the Cabinet, and	
_____ (2) _____	hereinafter
referred to as the Provider.	

PROVIDER SERVICES	CABINET FOR HEALTH AND FAMILY
BY: _____ (3) _____	BY: _____ (For Central Office Use) _____
Signature of Provider	Signature of Authorized Official or Designee
Title: _____ (3) _____	Name: Ruth Ann Shepherd, MD
Date: _____ (3) _____	Title: Director
Telephone Number _____ (4) _____	Date: _____ (For Central Office Use) _____
Fax Number: _____ (4) _____	
E-mail Address: _____ (4) _____	
Contact Name: _____ (5) _____	